

1350



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

MOTOR FUEL REFUND REGISTRATION

L-2140

(12/21/07)
4230

Provide all information requested. For assistance call (803) 896-1990.

Do you have South Carolina bulk storage of 1000 gallons or more for gasoline and/or low sulfur diesel? Check one: ☐ Yes or ☐ No

SID # _____

File # _____

Owner, Partnership, or Corporate Charter Name: _____

Trade Name (doing business as): _____

Physical Location of Business Required (No PO Box)

Mailing Address for all Correspondence

In care of

street

street

city county (required) state ZIP

city county (required) state ZIP

Federal Identification Number

Business Phone Number

Daytime Phone Number

Location of Records (no PO Box): _____

Type of Ownership - The Type of Ownership information is required. If sole proprietor, your Social Security number must be provided.

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor (one owner) | <input type="checkbox"/> SC Corporation Date Inc. _____ |
| <input type="checkbox"/> General Partnership (two or more owners) | <input type="checkbox"/> LLC/LLP Formation Date _____ |
| Formation Date _____ | <input type="checkbox"/> Unincorporated Association; Enter legal name _____ |
| <input type="checkbox"/> Limited Partnership | |
| Formation Date _____ | <input type="checkbox"/> Foreign Corporation (Attach copy of articles or certificate of authority.) _____ |
| <input type="checkbox"/> Other (Explain) _____ | |

Name(s) of business owner, partners, or officers:

Social Security Number	Name/Title	Home Address	If partner, Percent Owned

When signing this form, it is important that the information contained in your report be correct and complete. To wilfully furnish a false or fraudulent statement to the Department is a crime.

Signature

Title

Date

Mail this form to: SC Department of Revenue, Motor Fuel, Columbia, SC 29214-0139

Office Use:

Approved by: _____ Date sent to License and Registration: _____

42301028

Social Security Privacy Act Disclosure

It is mandatory that you provide your social security number on this tax form, if you are an individual. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

The Family Privacy Protection Act

Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.